

THE MEDICAL NEWS AND LIBRARY.

VOL. XXXIII.

JUNE, 1875.

No. 390.

CONTENTS.

CLINICS.	MEDICAL NEWS.
CLINICAL LECTURES.	<i>Domestic Intelligence</i> —American Medical Association . . . 89
Clinical Lecture on the Diagnosis of Exudations into the Cavity of the Tympanum, by Percussion of the Skull, determining also the Density of the Exudation; with the report of a case presenting a serous exudation in the tympanic cavity of the right ear, and mucous pus in that of the left ear . . . 51	Association of American Medical Editors . . . 91
Clinical Lecture on a Wound of the Palm . . . 84	Two Cases of Fracture of the Sternum . . . 91
HOSPITAL NOTES AND GLEANINGS.	Death from Chloroform . . . 91
Knee-Joint Excision . . . 86	College of Physicians and Surgeons, New York . . . 91
Severe Prolapsus Ani in a Young Adult, treated by Cauterization with Nitric Acid. . . 86	University College, New York . . . 91
Stab through the Ear; Wound of Middle Meningeal Artery; Traumatic Aneurism; Ligature of Left Common Carotid Artery; Death . . . 87	Second-handed Papers before Societies . . . 91
Case of Large Pelvic Hematocoele suppurating and discharging through the rectum; Counter-opening from the Vagina; Recovery . . . 88	<i>Foreign Intelligence</i> —New Aids to Diagnosis . . . 92
STOKES ON FEVERS	Nature of Puerperal Fever . . . 92
	Disordered Nerve-function in an Infant . . . 93
	Action of External Application of Warm and Cold Water, etc., on the Cerebral Blood-vessels . . . 94
	Value of Vaccination . . . 94
	Death from Chloroform . . . 95
	Execution of an Abortifacient . . . 95
	Spina Bifida . . . 95
	Examinations at the Royal College of Surgeons of England . . . 95
	Obituary Record . . . 95
	16 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on the Diagnosis of Exudations into the Cavity of the Tympanum, by Percussion of the Skull, determining also the Density of the Exudation; with the report of a case presenting a serous exudation in the tympanic cavity of the right ear, and mucous pus in that of the left ear. By Dr.

R. HAGEN, private Docent at the University of Leipzig. Reported for this Journal by Dr. A. STROTHOTTE, of St. Louis, Mo.

Dr. Hagen, on presenting this case, made the following introductory remarks:—

GENTLEMEN: Following up a number of cases in my private practice, I was in-

duced to employ percussion of the skull in certain examinations, and here I give you my results. If we percuss the skull of a person in the normal condition with the finger or through the plessimeter, a sound will be distinctly heard by the person thus percussed.

If the percussion is applied in the median line of the roof of the head, the sound will be heard in both of the ears alike, at the same time and with the same force, provided, however, that both of the ears are sound and have the same capacity for sound, and moreover that the auditory ducts are unobstructed.

If under the same conditions the percussion is made at a distance from the median line or over the mastoid process,

Published monthly by HENRY C. LEA, Nos. 706 & 708 Sansom Street, Philadelphia, for One Dollar a year; also furnished GRATUITOUSLY to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.

In no case is this periodical sent unless the subscription is paid in advance.

VOL. XXXIII.—6

the sound will be heard only on the corresponding side.

The same takes place when the meatus auditorius externus of one side is connected with that of the other side by means of an India-rubber tube.

If into one ear the end of an India-rubber tube is introduced, while the other end is left free, and then the corresponding half of the skull of the mastoid process of that side is percussed, the percussion-sound will be heard louder by the ear armed with the tube than on the other side, even if this side or its mastoid process is percussed. The difference in force of the percussion sound becomes still more distinct, if during the percussion the free end of the India-rubber tube is closed by pressure with the finger; the sound becomes dull and more deep.

If, however, one meatus is closed by the finger, while the other is left open, then on the percussion of the skull, the sound will be heard only or at least more distinctly by the closed ear, even if the other half of the skull opposite the closed ear is percussed, with the exclusion, however, of the mastoid process of that side.

If the mastoid process of the open ear is percussed, the sound will be heard louder, or at least as loud by the open ear, but will be heard in a higher pitch. But, on the other hand, the percussion immediately above the process will be heard only or more distinctly by the closed ear. If one of the auditory ducts is entirely closed with water, and the head brought into a horizontal position, and then percussed, all the phenomena will remain the same as with one ear closed with the finger.

These phenomena, however, assume quite a different aspect, if the drum of the ear is not acted upon from without but from within, *i. e.*, if, for instance, there is a serous exudation present in the cavum tympani. I have not carried my experiments so far as to introduce a few drops of water into the cavum tympani of a healthy person by means of a catheter, to further prove these signs, since my practice furnished sufficient opportunities to study these conditions. Some other practitioners perhaps will feel disposed to try this method with the catheter.

In a considerable number of cases, in which by examining with the reflector (otoscope) the presence of a serous accumulation in one cavum tympani could be ascertained, I have percussed the skull of the patient, who would then inform me that in the diseased ear a peculiar clinking noise was heard, produced by the percussion, and heard only in this ear, even if the mastoid process on the healthy side was directly percussed. The percussion-sound was thus transmitted from every part of the head to the affected ear only.

By the trial with a trifurcated India-rubber tube, for an objective examination of the difference of sound in the healthy and in the diseased ear, we unexpectedly obtained only negative results.

If into an ear thus affected a catheter of Weber-Liel was introduced through the Eustachian tube, and the serous fluid contained in the cavity of the tympanum was sucked into the catheter, then all the phenomena above alluded to would instantly disappear, but they could be instantly reproduced by blowing the fluid back into the cavity of the tympanum. It is hardly necessary to tell you that the patients will immediately inform you of the sudden disappearance of the clinking noise and of the distinct perception of the percussion sound by the diseased ear only, after the paracentesis of the tympanum has been performed and the removal of the effusion into the external auditory duct by the air-douche has been effected.

What the phenomena of percussion will be when both of the tympanic cavities simultaneously contain serous effusions, and whether they bear an important part in regard to diagnosis, I have been unable to learn, as but few such cases came under my notice, and they refer to children, on whose judgment, as you know, we cannot always depend.

On the diagnostic sign by percussion, I always depend, where the absence of the characteristic green-glass-bottle colour of the tympanum would make the diagnosis for effusion into the tympanic cavity doubtful, and I feel so confident, that, if I cannot suck out the effusion with the catheter, I do not for a moment hesitate to perform the paracentesis of the mem-

brane of the drum, and thus far I have always been satisfied with the result. Therefore, I feel it my duty to call your attention to this sign in such cases of serous effusion in the tympanic cavity where the tympanum is not sufficiently transparent, and I recommend it as of the highest diagnostic and pathognomonic value. I should not feel justified to present this sign as a pathognomonic symptom, if it occurred in other than serous effusions in the tympanic cavity, but this is not the case, either in mucous or in pus-exudations. In addition allow me to mention here, that on several occasions I have submitted the serous exudation to a microscopic examination, after having obtained it from the tympanic cavity by sucking it into the catheter introduced through the Eustachian tube for that purpose. It contained, besides white blood-corpuscles, epithelial cells, a small quantity of fat and pus-corpuscles, now and then, also, peculiar crystalline bodies, and always one or two bundles of ciliary epithelium, in lively motion for a considerable length of time, presenting a very interesting picture. I am not aware that any observer before this time has seen such cilia in motion, that were obtained from the tympanic cavity.

I now introduce to you this young patient, Erna E. of this city, 9 years old. She came first under my treatment on the fifth of March, this year, suffering from chronic catarrh of both middle ears, said to have been preceded by chronic catarrh of the nasal passages, and her hearing was also defective to a considerable extent, but she stated without other noises in the ear. After a few weeks of treatment, her power of hearing had improved so much that she was dismissed, although certain opacities in the tympanum had remained unchanged.

To-day her brother tells me that of late she again was troubled with catarrh, and that for the last two days she complained of pain in her left ear, also that her power of hearing was becoming weaker on both sides. Let us examine her:—

Distance of distinct hearing by one ear, the other being closed with the finger.

Ticking of the watch; right ear 5 centims.

“ “ “ left “ 4 “

Speaking half low right “ 18 “

“ “ “ left “ 10 “

Holding the watch on the head in the median line, the sound is heard in both ears alike. The mucous membrane of the nose is highly injected. You see the throat affected with chronic catarrh, the posterior wall covered with a follicular swelling. On the right ear you see the line of the bony duct tinged with red, and this becomes inwardly more intense and spreads even to the circumference of the tympanum. The processus brevis and the manubrium mallei are visible, but the vessels of the manubrium are injected. The central part of the tympanum is dull with a gray-reddish tint, the posterior quadrants are projecting a little forward, while the anterior quadrants are drawn backward. The proper conical light-reflex, Lichtkegel, is wanting.

In the left ear we find the same condition, only the vessels of the manubrium are still more injected than on the right side.

The history of the case in connection with all these symptoms will induce you to make your diagnosis what? Subacute catarrh of both ears. Before you, however, proceed to tell me what course we are to take for the proper treatment of the case, permit me to *percuss* the head of the little patient.

You will recollect, as I told you before, that only in cases of serous effusion in one cavity of the tympanum the percussion sound from all parts of the skull will be heard exclusively by the ear affected, and that this does not occur when you have a mucous or a muco-purulent exudation predominating in one cavity.

The patient tells us at once and with repeated determination, that she hears the sound from the percussion in the median line of the skull by the right ear only.

The same as you see, is the case, if I percuss the left side of the skull, or even the left mastoid process. Now you perceive that I can adopt the former diagnosis only in part, i. e., for the left ear, while in the right tympanic cavity I will

show you a serous effusion, although the yellow-bottle-colour of the drum is wanting, as well as the superior concave boundary-line of the exudation, which is usually met with under these circumstances, provided the tympanum is perfectly transparent. I shall take occasion to demonstrate this to you by another case. You can readily ascertain, by mere inspection of the two drums, the accumulation of exudations in the tympanic cavities. I will now first make the paracentesis of the right drum in its posterior inferior quadrant, and you see the serous effusion is passing through the incision into the external duct, and any part of it that may be left behind we will throw into the duct by means of the air-douche. You have noticed that the incision hardly causes any pain to the patient. The profuse, transparent, light-yellowish, serous exudation is tinged with a trace of blood from the incision. Our diagnosis was correct.

Having removed the whole of the effusion by the air-douche, let us now percuss the skull. The patient ought to hear the sound neither with the right nor with the left ear exclusively.

Now, examine this intelligent young patient yourselves, and you will find my statements verified.

Let us now make the incision into the left drum; you see it is an almost painless operation, but you see here a drop of a turbid, dirty-gray exudation appearing, which adheres to the drum. By the air-douche we will remove the whole of it into the external duct. Collecting it with a camel-hair pencil, we find it to be mucous in character, which we might further prove by putting it under the microscope. I wish to say a few more words about the after-treatment. If you wish not to interfere with the readily healing process by the first intention, I warn you against the use of the syringe for the removal of the exudation from the external duct, for you run the risk of inducing a suppurative process, the end of which is beyond your control.

The external duct is to be simply protected with a piece of cotton introduced, and if the patient afterwards complains of

pain, let the external duct be filled with warm water every ten or fifteen minutes until relieved, but forbid the use of the syringe most peremptorily. On the next or at least the third day, you will find the place of incision healed. If hereafter the tympanic cavity should again become the seat of an exudation, the paracentesis must be repeated. If this, however, is not the case, you must by the careful use of the air-douche introduce a little air into the tympanic cavity, because air is now absent and wanting, and thus the normal conditions for hearing will be re-established.

How far we may succeed with the present case, I shall find an opportunity to show you in a short time.

P. S. Nov. 20, 1874. Three weeks after the paracentesis: the hearing on the left ear is normal, on the right ear nearly so.

Clinical Lecture on a Wound of the Palm.
By J. W. HULSER, F.R.C.S., Surgeon to Middlesex Hospital.

Perfect rest of the hand and forearm, enforced by fixing them upon a splint, in wounds of the palm attended with arterial hemorrhage, is the measure I desire particularly to impress on you to-day. When you cannot reach the cut artery and tie or twist it, it is not enough to bind a graduated compress on the wound, and put the hand and forearm in a sling; nor will you have taken every precaution against a recurrence of the bleeding when, in addition to a well-adjusted compress, you have methodically bandaged the limb from the finger-tips upwards, a proceeding which may seldom be safely omitted; but you should also secure the hand and forearm upon a well-padded splint reaching beyond the fingers and above the elbow, and strictly forbid the slightest attempt on the patient's part to actively move the limb. If he wishes to shift its place he must lift it upon the splint with his other hand.

This may perhaps seem to some of you unnecessarily strict, considering the small size of the arteries in the hand and the usually trivial dimensions of these wounds. But, in truth, these palmar wounds are by no means unimportant; they are amongst the most troublesome and anx-

ious with which you will have to do, and they may never be treated negligently. Small as the vessels are, owing to the free anastomoses here they bleed very copiously—so abundantly, indeed, that exceptionally (as in old or otherwise feeble persons) even death may follow in a few minutes the infliction of the wound. Not many days since, the lifeless corpse of a man was brought to the hospital, who had shortly before gashed his hand with a broken bottle. His neighbors, whom he had left only a few minutes before, had found him seemingly lifeless on the ground in a pool of blood.

It is, I believe, to the neglect of adequate precautions during the first few days that these wounds so often take an unfavourable course; that they slough and inflame, and bleed again and again, until at length the surgeon is compelled to tie the radial and ulnar or the brachial artery (at this stage always under unfavourable conditions), and the patient is fortunate if he escapes with his hand not over-crippled and permanently damaged. Some of you will not have forgotten a man in Broderipp ward last summer, who had wounded his palmar arch with a splinter of glass, and who, against the House-Surgeon's remonstrance, would not come into the hospital, but attended as an outpatient during several days; for he obstinately refused to believe that a little wound, which to him appeared only a mere prick, could be very serious. At length repeated losses of blood and great swelling of the hand forced him to become an in-patient. It had become necessary to tie the brachial artery in order to save his life, and he recovered with a permanently weakened hand and a stiff finger. Since this you have had the opportunity of watching a very parallel case under Mr. Clarke's care. Now, I think that the unfortunate consequences might have been avoided if the man had immediately entered the hospital, and submitted to the plan practised in the following case.

A stoker, aged twenty, on the night of December 14 last, was brought into the hospital in a swoon from loss of blood. He had a few minutes before been stabbed through the hand with a large sailor's

knife in a brawl. The blade had passed through the fourth interosseous space, making a cut three-quarters of an inch long in the palm, where it encroached on the carpus, and a rather shorter cut in the back of the hand. He very quickly lost so much blood as to faint, when the bleeding ceased spontaneously. The House-Surgeon adopted the customary measures in such cases; he bound a graduated compress firmly upon the wound in the palm, raised the hand and forearm on a pillow, and put the tape of a tourniquet loosely round the arm as a precaution in case of fresh bleeding. When I saw the patient at the mid-day visit I took off the tight compress from the palm, closed the gaping wound on the back of the hand with a couple of very fine stitches (as it was neither infiltrated with extravasated blood nor swollen), then banded each finger separately, and carried the rollers up the forearm and arm, placed a piece of lint dipped in carbolic oil upon the palmar wound (not stitching this, because its edges were somewhat infiltrated with blood), and upon this a small compress very lightly secured, laid the hand and forearm on a well-padded splint, supporting the palm with a ball of wool, and enjoined the strictest rest, forbidding the patient to lift the arm off the pillow except with the other hand. The pillow was so placed that the hand and forearm rested upon it nearly on the level of the shoulder as the man lay in bed.

Two things will probably have occurred to you; the tight compress was exchanged for a very light one; and the raised posture of the arm was replaced by one nearly horizontal. So long as a patient can move his hand, the efficient control of the bleeding can only be attained with considerable pressure, and this the tissues so compressed cannot bear long without sloughing. When this happens, too often the wound bleeds afresh, and too often this is met by readjusting the compress still more tightly, to be productive of still more mischief. It is, therefore, very desirable to use only the minimum of pressure absolutely necessary. Greatly raising the hand in wounds or abscesses, which some do by slinging it

from a gallows, is a practice I never follow, because I think any advantage due to the lessened force of the arterial circulation obtained by an approximately vertical direction is outweighed by the additional facility this posture gives to the downward diffusion of inflammatory matters from the hand into the forearm, leaving out of consideration the irksomeness of the posture. I believe that all the advantages obtainable by a tight compress and by a nearly vertical posture of the hand and forearm, without their accompanying disadvantages, may be gained by methodically bandaging the limb from the finger-tips upwards (as practised by a Dublin *confrère*), a light compress, and that strict rest which only a splint insures.

Those of you who watched this case will have observed that the wound in the back of the hand united immediately; that in the palm more slowly by granulation unattended by any inflammatory swelling. Not a single drawback occurred. The bleeding was never repeated, and the man left the hospital with a sound linear scar and a perfectly useful hand.

We had some time ago a young girl in Bird ward who had accidentally stabbed a knife into the angle of the first metacarpal space, and from the freedom of the hemorrhage had presumably wounded the radial artery, here dipping towards the palm. This wound was treated in the way I have just described, and with an equally satisfactory result.—*Med. Times and Gazette*, May 1, 1875.

HOSPITAL NOTES AND GLEANINGS.

Knee-joint Excision.—Mr. MAC CORMAC, of St. Thomas's Hospital, performs resection of the knee-joint by means of an incision slightly convex downwards across the front of the joint. After division of the ligaments the diseased surfaces of bone are sawn off, including the articular surface of the patella, which is not wholly removed unless extensively diseased. Its retention under favourable conditions does not retard recovery, while it strengthens the bond of union. All diseased soft tissues are most carefully re-

moved by knife or scissors. In this, as in other resections of joints, the important matter is the after-treatment. The limb is at once put up in a splint on the table, after all bleeding has ceased. A convenient form, a modification of M'Intyre's, is used in St. Thomas's. In some cases Mr. Mac Cormac has immediately applied a gypsum apparatus. The splint, if possible, should not be changed for six weeks, when the union will be beginning to become firm. The use of Esmarch's apparatus, otherwise so desirable in operations on the bones, is attended by serious inconvenience in cases of excision of the knee-joint. The oozing of blood, which flows *en nappe* after the removal of the bandage, is often protracted and difficult of arrest. The quantity of blood lost in this operation is usually considerable, and Mr. Mac Cormac has therefore ceased to employ elastic compression.—*Med. Times and Gaz.*, May 1, 1875.

Four cases are reported in which Mr. Mac Cormac operated by this method.

Severe Prolapsus Ani in a Young Adult, treated by Cauterization with Nitric Acid.—Prolapsus ani, although so common in children, and not very infrequent after the middle periods of life, is rare in young adults, and when met with in them is almost always with a history of its having begun in childhood. It is thus but seldom that the surgeon has to treat cases resembling the following one, in which the protruded portion was very large, and had been produced for the first time in a healthy young adult.

Jane D., aged eighteen, a servant, was admitted into the London Hospital under the care of Mr. Hutchinson, with prolapsus recti on November 10. She was pale and rather stout, but in fair health. The prolapse began eight weeks before she came in, the bowel coming down when she went to stool. The day before this occurrence she had lifted a nine-gallon cask full of beer from the floor on to the chair—an unusual effort for her. The gut remained prolapsed for three days, after which it was returned by a medical man. It afterwards continued to come down every time her bowels were moved. Some-

times she was able to return it, and sometimes not. She never had prolapse in childhood, nor did any of her brothers or sisters suffer from it.

From November to January she was kept in bed, took iron internally, and used astringent lotions to the rectum. For a few days in January she wore a pessary, but it did not prevent the prolapse from returning. Towards the end of January, the condition remaining the same—at least an inch and a half of gut being prolapsed every time she went to the closet—Mr. Hutchinson cauterized the exposed mucous membrane with nitric acid, applying it in broad streaks parallel with the length of the gut. The bowel was returned. Two days afterward she complained of severe shooting pain up the back.

On the third and part of the fourth days her temperature was constantly from 104° to 105°, but after the fourth day her bad symptoms subsided. Her bowels were kept inactive for ten days by opium. At the end of that time she had a motion attended by some pain and soreness, but not followed by any prolapse. About ten days later (three weeks after the operation) she was discharged. The bowels had been opened regularly every day, and no sign of a return of the prolapse had occurred. Digital examination revealed the presence of distinct ridges on the parts cauterized. There was no pain in the lower part of the bowel at any time after the operation, nor any discharge from the cauterized surfaces.

The occurrence *de novo* of such extensive prolapsus of the rectum at this patient's period of life is very unusual, and for that reason the case is worth putting on record, no less than on account of the complete cure which was effected by destroying longitudinal bands of mucous membrane with nitric acid. Although, however, she recovered quickly from the operation, it is to be observed that she had symptoms for a few days very suspicious of commencing peritonitis—a fact which shows the necessity for great caution in the performance of operations upon the unaltered mucous membrane of the rectum.—*Med. Times and Gaz.*, March 27, 1875.

Stab through the Ear; Wound of Middle Meningeal Artery; Traumatic Aneurism; Ligature of Left Common Carotid Artery; Death.—Mr. SAMPSON GAMGEE, Surgeon to Queen's Hospital, Birmingham, reports (*Lancet*, April 17) an interesting case of this treated by him in Queen's Hospital. Pressure, ice, and perfect rest were the first means employed to arrest bleeding, and, for some days, with success. When the hemorrhage recurred, and a pulsating tumour gradually developed in front and below the wounded ear, the question of further interference pressed for solution, and the attendant responsibility was increased by the reflection that, as the wound was stated to have been inflicted on the constable while he was in the discharge of duty, a charge of wilful murder was impending, and two lives might be involved in the issue. It was obviously impossible to say with precision what artery was wounded, and the position of the injury precluded resort to the practice of cutting down in search of the wounded vessel, and tying it *in situ*. The recurring hemorrhage was slight in amount; pressure on the common carotid instantly checked it, and at the same time arrested the pulsation and bruit in the aneurism. Experience is steadily accumulating in favour of the treatment of aneurism by digital compression—a plan which in itself is singularly harmless. Ligature of the common carotid is attended with its own risk. These considerations decided me in giving digital compression a thorough trial—a decision in which I was sustained by my colleagues in consultation. An appeal was no sooner made to our students for volunteers to practise digital compression than a number came forward, and it is difficult to do justice to the gentle, faithful, and skilful care with which these gentlemen, over a period of seventy-two hours, remained at their post. For a time their endeavours promised the best result: the swelling grew solid, the pulsation and blowing murmur very perceptibly decreased; but eventually bright scarlet blood flowed again, and to check it it was necessary to exercise increasing pressure, which the patient was less able to bear. Death from hemorrhage now being immi-

ment and certain, I resolved to tie the common carotid as the only means of prolonging life. Dr. Sawyer administered ether, and Mr. West and Mr. Wilders assisted me while I cut down upon the common carotid, and secured it with a catgut ligature just below the omohyoid. The man's thick and very muscular neck added to the difficulty of the operation in this deep position; but I deemed it safest to cut through healthy tissues, well below the infiltration in and below the parotid region. For the immediate object for which it was performed—the arrest of hemorrhage which threatened instant death—the operation was perfectly successful, although the supervention of hemiplegia and pulmonary congestion proved fatal in twenty hours.

The post-mortem examination showed the catgut ligature firmly embracing the left common carotid just below the omohyoid; on opening the artery, the inner coat was cleanly divided, and a firm adherent clot plugged the proximal extremity; the distal side of the vessel was quite empty. The wound in the ear perforated the membrana tympani, and an irregular cavity, between and about the pterygoid muscles, was filled with semi-purulent decomposing clot. On removing the calvaria, the branches of the left middle meningeal vessels were quite empty, showing a marked contrast to their distended condition on the opposite side; the dura mater and brain healthy. The internal carotid in the skull and petrous bone was laid bare, and found free from injury. The external carotid and its branches having been previously dissected and found sound, the middle meningeal artery was traced from the internal maxillary through the foramen spinosum, and outwards along the base of the skull for about a quarter of an inch, where it was found to be torn in consequence of the splintering of the thin lamina of bone at the junction of the squamous and petrous portion of the temporal. From the under surface of this part of the skull, an irregu-

lar sloughing canal passed down to the false aneurismal sac between the pterygoid muscles, along which the blood had passed from the injured middle meningeal artery, being prevented from separating the dura mater by the close adhesion of that membrane in the base of the skull. All the other branches of the external carotid were healthy and free from injury.

—
Case of Large Pelvic Hæmatocele suppurating and discharging through the Rectum; Counter-opening from the Vagina; Recovery.

—H. T., aged thirty-one, was admitted into the Birmingham Hospital for Women, under the care of Mr. LAWSON TAIT. She dated her illness from the age of nineteen, when she had been chilled by immersion in cold water while menstruating. The discharge ceased suddenly, and had never reappeared, but seemed to be replaced by a profuse leucorrhœa. She had been a long time under the care of various practitioners without any benefit, and had become very exsanguine, emaciated, and feeble, suffering from night-sweats and general hectic symptoms. She came under treatment in May, 1872, and had noticed a week previously that with every motion there came a quantity of purulent discharge. The uterus was found to be imbedded in a mass which was slightly movable in the pelvis, and exploration by the sound discovered that its cavity was normal in size and direction. In the rectum a small boggy depression was found just within reach of the finger, and this was diagnosed to be the point of aperture of a large, suppurating, peri-uterine, and extra-peritoneal pelvic hæmatocele. After having had an explanation of her condition, and its probable fatal ending, she readily consented to the operation advised, and was admitted as an in-patient in July, 1872.

She was placed under chloroform, and Mr. Tait passed a long aspirator needle into the tumour close behind the cervix. This soon declared itself to be in a suppurating cavity, and the track of the needle was followed by a bistoury, by which an incision, free enough to admit the finger, was made. A wide drainage-tube was fixed in, and the patient was kept in bed for a few days. No symp-

¹ My colleague, Mr. Furneaux Jordan, who had previously given me the full benefit of his opinion, was unavoidably absent at the moment of the operation.

toms of disturbance followed the operation, and the patient left the hospital in about ten days. She wore the drainage-tube for about two months, during which time she resided in the country.

The discharge from the rectum ceased about a month after the operation. In February, 1873, she had almost recovered her health, and the vaginal wound had nearly closed. In February, 1875, she presented herself, but she looked so ruddy and so well that she could hardly be identified as the same woman. The uterus is still the centre of a mass, but it is not a fourth of its original size, and it moves with a fair amount of freedom.—*Lancet*, April 3, 1875.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—This Association held its twenty-sixth annual meeting at Louisville, Kentucky, on the 4th, 5th, 6th, and 7th of May of this year. The attendance we learn was very large, and the proceedings entirely harmonious.

May 4. The Association was called to order by Dr. E. Richardson, Chairman of the Committee of Arrangements, who welcomed the delegates in an eloquent address.

The President, Dr. Bowling, then delivered the annual address; the subject was Medical Education.

5th. Dr. J. M. Toner, chairman of the committee to memorialize Congress on the rank of the medical staff of the army, made a report, and offered the following resolutions, which were adopted:—

Resolved, That this Association learns with regret that no action was taken by the last Congress upon its recommendation in behalf of the Medical Department of the United States Army, and that we respectfully renew our petition, that Congress will enact such a bill for the benefit of the medical department of the army as will secure to its officers that share of rank and promotion to which we consider they are entitled, and which should be at least fully equal to that enjoyed by any other staff corps, or by the medical corps of any army.

Resolved, That a committee of five be appointed to call the attention of Congress to this subject, and the petitions which were forwarded to the last Congress by the physicians of the United States.

After the transaction of some further miscellaneous business, Prof. Gross, of Philadelphia, read an elaborate paper on Venesection as a Lost Art.

Prof. Austin Flint, chairman of the Committee on Practical Medicine, next read a report on the Medical Discoveries during the Past Year, in which he discussed the subjects of alcoholism, motor centres, new remedial agents, transfusion, and the natural history of crime. The report was referred to the Publishing Committee.

Dr. Toner made a report, suggesting the organization of an international medical association, in which the profession of America should be represented at the meeting in Brussels. Referred to the Committee on Nominations.

6th. Delegates were appointed to represent the Association in the International Medical Association, to be held in Brussels, in September next, and to confer with a committee from the Canadian Medical Association, which is to meet in Halifax, Aug. 5th next, on the subject of holding an international convention of the two associations.

The reports of the Committee of Publication, of the Treasurer, and Librarian were severally read.

Dr. S. D. Seeley, of Alabama, offered a prize of one hundred dollars for the best essay on Bright's Disease, which was accepted.

Dr. J. Marion Sims, as chairman of the special committee appointed to devise plans for the establishment of the McDowell memorial fund, offered the following preamble and resolutions, which were adopted:—

WHEREAS, It is universally acknowledged that the late Ephraim McDowell, of Kentucky, was the originator of ovariectomy; and

WHEREAS, We believe that proper measures should be instituted to commemorate this great achievement, and do appropriate honour to its author; therefore

Resolved, That this Association recommend to each of its members, and to the profession generally, to contribute annually such sums as they may think proper until the amount of ten thousand dollars shall be accumulated, which shall be known as the McDowell Memorial Fund, the interest of which shall be devoted to the payment of prizes for the best essays relating to the diseases of the ovaries.

Resolved, That this fund shall be invested by Trustees, to be appointed by the Association, and subject to such regulations as it may desire.

Resolved, That this Association shall elect a board of three trustees, whose duty it shall be to carry out the object of these resolutions, and whose term of office shall continue five years.

Resolved, That this Association will leave to the State of Kentucky the grateful privilege of providing a local memorial to the memory of Dr. McDowell.

Prof. Gross made some remarks regarding the justice of Dr. McDowell's claim to be the originator of ovariectomy, and announced that he would subscribe one hundred dollars to the fund.

Prof. Gross announced that it was designed to hold an international medical conference in Philadelphia during the Centennial celebration.

A report was received from the Judicial Council on various matters of ethics, after which Prof. E. M. Moore, of Rochester, N. Y., read an elaborate paper on Transfusion.

Prof. Byford then read a paper on Uterine Fibroids, which was referred to the Publishing Committee.

7th. After the transaction of some miscellaneous business, including the appointment of certain committees, the Nominating Committee reported the following officers for the next year, which nominations were confirmed.

President—J. Marion Sims, M.D., of New York.

Vice-Presidents—First, John D. Jackson, M.D., of Kentucky; second, Samuel Lilly, M.D., of New Jersey; third, N. Pinckney, M.D., of U. S. Navy; fourth, S. D. Seelye, M.D., of Alabama.

Treasurer—Caspar Wister, M.D., of Pennsylvania.

Librarian—William Lee, M.D., of District of Columbia.

Committee on Library—Johnson Elliot, M.D., of District of Columbia.

Assistant Secretary—Richard J. Dunlison, M.D., of Pennsylvania.

Committee on Arrangements—Drs. Wm. Pepper, chairman; Frank Maury, Albert Fricke, A. Hewson, S. W. Gross, William Goodell, and T. M. Drysdale.

Committee on Publication—Drs. F. G. Smith, T. M. Drysdale, Albert Fricke, and William B. Atkinson, of Philadelphia.

Officers of Sections—Practice of Medicine, Materia Medica, and Physiology, F. G. Smith, Pennsylvania, chairman; B. A. Vaughn, of Mississippi, secretary. Obstetrics and Diseases of Women, Samuel C. Busey, of District of Columbia, chairman; R. Battey, of Georgia, secretary. Surgery and Anatomy, Alonzo Garcelon, of Maine, chairman; E. T. Easley, of Texas, secretary. Medical Jurisprudence, Chemistry, and Physiology, E. L. Howard, of Maryland, chairman; E. L. Hurlburt, of Illinois, secretary. State Medicine and Public Hygiene, B. C. Kedzie, of Michigan, chairman; Ezra M. Hunt, of New Jersey, secretary.

Judicial Council—The terms of a portion of the Judicial Council expiring at this meeting, the following were appointed to take their places: Levin S. Joynes, Virginia; R. N. Todd, Indiana; Robert Battey, Georgia; James E. Morgan, District of Columbia; T. B. Flager, New Jersey; S. N. Bentram, Pennsylvania; A. Dunlap, Ohio.

The following committee were appointed on the Prize Essays: Drs. Samuel D. Gross, F. G. Smith, Alfred Stillé, E. Wallace, H. C. Wood, Pennsylvania.

Dr. Bowditch, of Boston, made some extended remarks upon the practicability of establishing a National Council of Health, and offered the following resolution:—

Resolved, That each year, until otherwise ordered, the President Elect and the Permanent Secretary be directed to appeal, in the name of this Association, to the authorities of each State, where no State Board of Health exists, urging them to establish such boards, and that the

Perman
the nam
Health
cline to
After
were de
lations
ceived,
in Phil
June, 1

Assoc
—This
ing at L
Dr. Ed
The su
and Me
The
the en
Vice-P
tary, I

Two
Dr. J
Boston
Boston
29, 18
sternu
muscu
ended
from
recov

De
Cosm
on th
16 w
the p
Dr. C
of ch
patie

Co
York
unac
Pres

U
ALW
Sur
DAN
Prof
fess

Permanent Secretary is directed to report the names of the States where Boards of Health exist, and also of those which decline to establish them.

After several complimentary speeches were delivered, and the adoption of resolutions of thanks for hospitalities received, the Association adjourned to meet in Philadelphia on the first Tuesday of June, 1876.

Association of American Medical Editors.

—This Association held its annual meeting at Louisville, May 3d. The President, Dr. Edgar, delivered the annual address. The subject of it was Medical advertising and Medical education.

The following officers were elected for the ensuing year: President, Dr. Bell; Vice-President, Dr. H. C. Wood; Secretary, Dr. F. C. Davis.

Two Cases of Fracture of the Sternum.

Dr. J. N. BORLAND, Physician to the Boston City Hospital, reports, in the *Boston Medical and Surgical Journal*, April 29, 1875, two cases of fracture of the sternum, one produced; probably, by muscular effort during labour, which ended fatally, and the other by a fall from a considerable height; the latter recovered.

—*Death from Chloroform.*—In the *Dental Cosmos* for May, 1875, it is stated that on the 20th of March, a young man aged 16 went to the office of Dr. J. T. Bush for the purpose of having a tooth extracted. Dr. O. E. Gates administered a half ounce of chloroform, and in five minutes the patient was dead.

—*College of Physicians and Surgeons, New York.*—Prof. ALONZO CLARK has been unanimously elected by the Trustees, President of this College.

—*University College, New York.*—Prof. ALFRED C. POST has resigned the chair of Surgery in this school, and Prof. JOHN T. DARBY has been elected to fill the vacancy. Prof. Post has been elected emeritus Professor of Clinical Surgery.

Second-handed Papers before Societies.

We extract the following just remarks on this subject from our excellent contemporary *The Medical Record*, May 22, 1875.

"During the recent meeting of the American Medical Association, the question concerning second-handed papers came up for a decision. It has been the fashion from time immemorial for certain authors of papers to peddle them from one society meeting to another, and make all the capital they can before strange audiences. Not unfrequently these articles have been read over five or six different times as original ones, and lastly are presented before one of the sections of the Association, and appear in the Transactions. The practice has indeed been carried on to such an extent that it has been looked upon as one of the recognized means of cheap advertising. Such papers frequently make their first appearance before some county society, and in a large city go the rounds of all the greater and lesser associations, until the annual meeting of the State Society, when they are read again, and if by that time they are not published, the chances are good for some of the sections referred to. The same thing is done with some remarkable case, the relator presenting it before every association of which he is a member, until it is known by all society-goers as a very old story.

"The committee who have had charge of the selection of papers to be read before the sections have taken a very commendable stand in this matter by ruling out everything which is not entirely new. In spite, however, of their determination to be radical in this respect, it seemed impossible to prevent the presentation of some papers which were not only read before, but abstracts of which have already been widely published. Now, however, that the proper initiation has been taken, we shall hope for better things in the future. Let the other societies follow the example."

May we not add medical journals also? and thus restrict a very common and by no means commendable mode of advertising. The extent to which it is carried

may be judged from the following fact. Some years ago the editor of a journal in this city received a communication with the request that he would publish it in his July No. Not being quite satisfied as to the status of the author or with the tone of the communication, it was laid aside for future consideration. As the different journals for the month mentioned were received, it was found that the article was published as an *original* communication to no less than five of these journals. This, it must be admitted, was most extensive advertising, though less so than the author intended. Does not such a course manifest more of a desire to advertise one's self than to advance our science?

FOREIGN INTELLIGENCE.

New Aids to Diagnosis.—At Rome a conference of the medical clinic of the University was held on the 18th of April to hear Dr. COLLONGUES explain the mechanism and working of three new instruments devised by him, and entitled the pneumoscope, the dynamoscope, and the bioscope, which promise to be of considerable use in the practice of medicine. With the pneumoscope are produced artificially all the abnormal murmurs proceeding from the respiratory organs in a state of disease; with the dynamoscope may be determined the scale of all the sounds which are made at the digital extremities by the continuous movement of the tissues; while the bioscope registers with precision the heat, the electricity, and the functional activity of the skin. Prof. Baccelli and others of the medical faculty of Rome express themselves highly pleased with Dr. Collongues's inventions, which will soon be made known to the professional world.—*Lancet*, May 1, 1875.

Nature of Puerperal Fever.—MR. SPENCER WELLS opened the debate on this subject at the Obstetrical Society, but the time at his disposal was so brief that he could not discuss the evidence for and against any one of the many views which have been entertained with regard to the nature of what is called puerperal fever; and he opened the debate by propounding

a series of questions to be discussed without giving any definite answer to any one of those at least which relate to the etiology of the disease. Still, from the general tenor of his remarks and from his expressed opinion with reference to the value of antiseptics in the prevention of this affection, it appears evident that Mr. Wells classes puerperal fever with pyæmia and septicæmia; for he believes that, by precautions similar to those inculcated by Lister in his antiseptic method of treating surgical injuries, lying-in hospitals may be rid of puerperal fever just as general hospitals have been rid of pyæmia by those means. In so far as the discussion has taken place, those who have taken part in it have abjured rather than maintained the view, once generally held, that puerperal fever is produced by a specific morbid poison; and Dr. Leishman, who until recently had been a supporter of that view, took occasion to make public the fact that he had renounced the opinions he once entertained, and had come to the conclusion that puerperal fever was generally of a pyæmic or septicæmic character. A great difficulty with some minds in accepting the contagious or infectious theory of the disease has been the fact that many women have been exposed to the poison of scarlet fever, measles, or of decomposing animal matter, etc., during the puerperal state, and yet have not become affected with puerperal fever, but have made a favourable recovery. Whatever be the value of this objection, there can be no doubt that a considerable number of the profession are led by it to discard the contagious character of the disease. The remarks of Dr. Newman cannot fail as an effective answer to this objection; for he pointed out that there are certain conditions which favour infection with the poison in the puerperal, just as there are certain conditions which predispose to infectious or malarious diseases in the non-puerperal state; and the causes of this predisposition in the puerperal state indicated by Dr. Newman are the very same conditions which act in a similar manner in the non-puerperal—namely, exposure to sewer gas in badly-drained houses and depressing emotions. One other predis-

posing
liar to
of the
puerpe
The
Braxto
ology
difficul
popula
among
89 or
fever
specifi
in the
per ce
to trac
of con
posing
introd
that v
that f
contag
scarlet
quene
decom
or int
ing a
nation
be du
from
to th
tient
holds
bacte
ducti
frequ
or so
the c
evil
popu
alwa
lying
risk
the
whic
teot
anti
It is
effec
ing
of c
in c
tion
don

posing condition he named which is peculiar to the lying-in woman—the activity of the vital processes in the pregnant and puerperal state.

The well-worked-out statistics of Dr. Braxton Hicks bear strongly on the etiology of the affection, for in spite of the difficulty of tracing contagion in such a populous city as London, and especially amongst the poor, yet he pointed out that 89 or 90 per cent. of cases of puerperal fever could be traced to contagion from specific fevers or to decomposing materials in the uterus, thus leaving only 10 or 11 per cent. in which the cause was difficult to trace. We know but little of the action of contagium, septic matter, and decomposing animal matter on the blood when introduced into the body; but we do know that very important changes take place in that fluid in consequence of exposure to contagion, as in malignant smallpox, scarlet fever, etc., as well as in consequence of the introduction of septic or decomposing animal matter into a wound, or into a scratch received while performing an operation or a post-mortem examination. Whether the evil effects produced be due directly to the poison introduced from without, as is generally believed, or to the absorption of poison from the patient's own tissues, as Mr. Hutchinson holds is the case in septicæmia, or whether bacteria contribute in any way to the production of those fatal symptoms which frequently follow exposure to contagion or septic poison in the puerperal state, the question of importance is—Can these evil effects be prevented? In a large and populous city, where infectious disease is always present in some form or other, the lying-in woman not infrequently runs a risk of exposure to contagion. What are the measures that should be taken, and which would prove effectual, for her protection? Mr. Spencer Wells suggests antiseptics and general sanitary measures. It is difficult to see how antiseptics can be effectually applied in lying-in cases, seeing that in the event of the slightest want of care they are liable to fail in their effects in cases where they are easy of application. General sanitary measures have done much for the lying-in woman, for we

do not hear now of such epidemics as those described by Gordon and Armstrong; and they will yet do more when those reforms which are necessary to the health of our most populous districts shall have been perfected.—*Lancet*, April 25, 1875.

—*Disordered Nerve-function in an Infant.*—

Mr. THOMAS SMITH reported to the Clinical Society of London (*Brit. Med. Journal*, May 1, 1875), the following interesting case. L. C., a girl sixteen months old, the only child of healthy middle-aged parents, was under the care of Dr. Chaldecott of Chertsey. She was healthy up to a year old, when she could walk. At this time, she began to cut her teeth rapidly, and suffered from disordered bowels, being for the most part troubled by obstinate constipation, but occasionally suffering from diarrhoea. Her urine became high-coloured and very offensive. She gradually lost strength, became unable to walk, and finally was too feeble even to sit up. She had no convulsions. When first seen by Mr. Smith, she had been ill for four months; her expression was anxious; face pallid; she was very irritable; she could neither sit nor stand. The skin was everywhere harsh and dry; on the front of the belly, it was shrivelled, and looked as if she had borne children. The pulse, tongue, and respiration were natural; the bowels, though obstinately constipated, were less so than heretofore. There was scarcely any hair on the head. She held her hands to her head like a child suffering from cervical caries. There was tenderness over the spine in the sacral region. There was no paralysis of sensation or motion. The urine and feces were normally retained. The following phenomena were observed. The child, who was extremely fretful and irritable, could at once be quieted by scratching roughly either the palms of the hands or soles of the feet. If this were done, she at once became quiet; the expression of her face completely changed; her muscles relaxed; and in a minute or two the parts scratched lost their dry and horny condition, and became warm and soft. Meantime, perspiration began to flow more profusely, until it dripped from the

surface. The parents said that, as long as this irritation was continued, the same phenomena were observable; and that the child would remain quiet even for hours. The same results could be obtained by scratching the scalp, or by plucking out the hair. The present hairless condition of the head was due to the child having torn off her own hair for her own pleasure. She had been treated with advantage by bromide of potassium and hydrocyanic acid, and her constipation had been relieved by small doses of jalapin with podophyllin. Two months later, under the continuance of the same treatment, all symptoms, with the exception of the constipation, had disappeared. The urine was normal; the skin moist and soft; the palms and soles were no longer dry and horny, and she could not bear to have them touched. The hair was growing well on the head; she had no pain; she could sit up, and even walk. The improvement had been gradual and persistent. Mr. Smith brought this case before the Society as an instance of that form of hysteria known as spinal irritation, and fully described by Dr. Radcliffe, the late Dr. Anstie, and others; a disease seen, as he said, too frequently in adults, especially in the middle and upper classes, but most rarely met with in infants.

—
Action of External Application of Warm and Cold Water, etc., on the Cerebral Blood-vessels.—SCHÜLLER has made a number of experiments on rabbits to ascertain the effect on the cerebral bloodvessels of the external application of warm and cold water. The animals were trephined, and in course of time the cervical sympathetic on one side was removed. Some of them were curarized. The following were the results which he obtained: 1. Dilatation of the vessels of the pia mater is produced by laying compresses soaked in water at a temperature of 50° Fahr. on the abdomen, and in a more intense degree and of longer duration by immersing the animal in the water. If the action of the cold water be continued for five or ten minutes, the result is gradual contraction of the cerebral vessels, which often lasts half an hour. 2. The application of warm water

(95° to 99.5 Fahr.) always produces strong contraction of the vessels, which lasts for a longer or shorter time. 3. Douches on the belly or back generally produce alternating changes in the calibre of the cerebral vessels. 4. The injection of water into the rectum is attended with moderate dilatation of the vessels. 5. The usual result of the cold pack is a gradually increasing and very energetic contraction of the vessels of the pia mater, which often lasts two hours. At the same time, the pulse and respiration become slower, and reflex irritability is reduced. 6. Ice laid on the intact skin of the head produces, after some time, a moderate contraction of the vessels. 7. Friction of the abdomen always produces contraction. The results were observed in curarized animals in a less marked degree than in those not so prepared. Section of the vagi has no influence on the changes in the vessels. Schüller makes some further remarks of physiological interest; and, with regard to the practical part of the subject, observes that the use of extreme temperature is contraindicated in cases of cerebral hyperæmia, anæmia, and congestion, especially where the muscular structure of the bloodvessels is impaired. He attributes the beneficial influence of the various forms of baths partly to the depletion of the cerebral vessels, partly to the establishment of normal tone in the muscular structure of the cerebral vessels, to strengthening of the cardiac muscle, and to improved nutrition both of the nervous centres and of the whole organism. The chief point of interest in Schüller's communication is, that the action of baths is not limited to the temperature and the change of substance, but that changes in the distribution of the blood, in respiration, in the action of the heart, and in excitability of the nerves, form part of the physiological results of this agent.—*British Med. Journ.*, Feb. 27, 1875, from *Corresp.-Blatt. der ärztl. Vereine*, etc., No. 14, 1874, and *Allgemeine Med. Central-Zeitung*, No. 94, 1874.

—
Value of Vaccination.—The following vaccination statistics have been compiled

from the books of the Montreal General Hospital. During the past twelve months, fifty-five unvaccinated persons were admitted into the smallpox wards. All of them except five have had the confluent form of the disease—i. e., the serious form; and out of the fifty-five who were admitted, twenty-eight died, showing a mortality in the unvaccinated of over 50 per cent. On the other hand, among those who had been once vaccinated and had two good marks on the arm, there were only four deaths. Only seven had more than two good marks, and those seven had the mildest form of the disease, and made a rapid recovery. Only two cases were admitted during the last twelve months who had been successfully revaccinated; and in them the disease was so mild that they might have been permitted, except as a precautionary measure, to follow their ordinary avocations. Thus, in the unvaccinated, the mortality was over 50 per cent.; among those who had been properly vaccinated in their infancy, but who had neglected to be revaccinated, there were only four deaths; while only two cases had been admitted where revaccination had been successfully performed, and they were of the mildest description.—*Brit. Med. Journal*, April 10, 1875.

Death from Chloroform.—The *Gazette Médicale de Bordeaux* (Nov. 5th, 1875) mentions a fresh case of this kind, a man, aged forty-two, suffering from a canceroid of the penis, on whom Dr. Lande operated by galvano-cautery. Chloroform was given with a compress arranged like a funnel, at the bottom of which was a plug of lint. The patient, though weak, had neither pulmonary nor heart disease. Scarcely had twelve to fifteen grammes of chloroform been inhaled, when, at the end of two or three minutes, the patient became pale, the pulse stopped, the respiration was suspended, and all efforts to restore animation proved fruitless.

Execution of an Abortionist.—ALFRED HEAP, who was convicted of the murder of a young woman at Manchester, England, by an unsuccessful attempt to pro-

cure abortion, was executed at Liverpool on the 19th of April.

Spina Bifida.—This generally proves fatal early in life, but Dr. DRUMMOND states (*British Med. Journ.*, April 17) that he was shown in 1838, by the late Dr. Berger, a case in the poorhouse, at Zurich, in which the patient had attained the age of twenty-five years.

Examinations at the Royal College of Surgeons of England.—At the recent primary or anatomical and physiological examination for the diploma of membership of the Royal College of Surgeons of England, fifty-six out of the hundred and seventy-six candidates were "plucked." From one large school, fourteen were referred to their studies, and some of the smaller schools were no better off. This is a matter which concerns both teachers and students. There is, we imagine, not much to be said against the trustworthiness of the examinations at the College as tests; for a great deal of pains has been expended in bringing these examinations into more complete harmony with the modern methods of teaching and subjects of instruction. The badness of the examinations was at one time the common explanation of the defects of the candidates. They would pass a modern style of examination, it was alleged, but could not be expected to retail eighteenth century knowledge to octogenarian examiners in the nineteenth. Hitting high seems, however, to be even more painful than the old method of hitting low. The probable inference is, that there are too many tender places in the examined.—*Brit. Med. Journal*, May 8, 1875.

OBITUARY RECORD.—Died, March 1, 1875, Professor HUBERT V. LUSCHKA, of Tübingen, one of the most renowned of recent anatomists.

—recently at Berlin, of pneumonia, in the 62d year of his age, Dr. ALEXANDER GÖSCHEN, editor and founder of the *Deutsche Klinik*.

—in Florence, March 31st, 1875, the Nestor of Italian Medicine, MAURIZIO BUFALINI, aged 88 years.

DUNGLISON'S MEDICAL DICTIONARY—New Edition—Just Issued.

MEDICAL LEXICON; A DICTIONARY OF MEDICAL SCIENCE:

CONTAINING A CONCISE EXPLANATION OF THE VARIOUS SUBJECTS AND TERMS OF ANATOMY, PHYSIOLOGY, PATHOLOGY, HYGIENE, THERAPEUTICS, PHARMACOLOGY, PHARMACY, SURGERY, MEDICAL CHEMISTRY, OBSTETRICS, MEDICAL JURISPRUDENCE, AND DENTISTRY; NOTICES OF CLIMATE AND OF MINERAL WATERS; FORMULE FOR OFFICIAL, EMPIRICAL, AND DIETETIC PREPARATIONS; WITH THE ACCENTUATION AND ETYMOLOGY OF THE TERMS, AND THE FRENCH AND OTHER SYNONYMES.

By ROBLEY DUNGLISON, M.D.,

Late Professor of the Institutes of Medicine, &c., in Jefferson Medical College, Philadelphia.

A NEW EDITION, ENLARGED AND THOROUGHLY REVISED.

By RICHARD J. DUNGLISON, M.D.

In one very large and handsome royal octavo volume of about 1150 pages: cloth, \$6 50; leather, with raised bands, \$7 50.

In the new edition this invaluable work has been brought fully up to the requirements of the profession at the present day. An amount of matter equivalent to 100 pages of the previous edition has been added, embracing upwards of six thousand terms and subjects not previously given. The unparalleled advancement of the medical sciences during the last decade has rendered the introduction of this vast amount of new matter imperative. To him, therefore, who would be versed in the professional literature of the day, the value of the work will become at once apparent. We consider it, and commend it to our readers as by far the best work of the kind in our language.—*Peninsular Journ. of Med.*, April, 1874.

There is probably no book, not excepting the Bible, which is so universally found in the study of American physicians as Dunglison's Medical Dictionary. Among English-speaking people abroad, also, it is duly appreciated and held equal or superior to any other medical lexicon. The present edition is much more complete than former ones, a revision having been made necessary by modern progress in science. It contains additional matter equal to 100 pages of the last edition. Whilst it is an imperishable monument to the knowledge and industry of the good old Professor, it reflects much credit on the son to whom his mantle has fallen.—*Pacific Med. and Surg. Journ.*, April, 1874.

The revised edition of this admirable dictionary of medicine affords the readiest means of reference in all the collateral branches connected with scientific medicine. It is more than a dictionary—it is really an encyclopedia in a condensed and concrete form. The same industry, care, and sagacity which were displayed in the earlier editions are marked features throughout the work. It must, of necessity, be a *vade mecum* to every physician. It fulfils most perfectly the purpose of a dictionary and a ready work of reference. It is well produced in every sense of the word.—*N. Y. Journ. of Syphilography*, April, 1874.

This title, ambitious and exhaustive as it is, simply and truthfully describes this most valuable and learned work, which briefly but distinctly gives any one who consults it, in the most accessible form, a vast amount of information on medical terminology of all kinds.—*Edinburgh Med. Journ.*, May, 1874.

The physician who cannot afford this work can hardly afford to live in the medical profession.—*St. Louis Med. and Surg. Journ.*, March, 1874.

We know of no single book which is of greater value than this to the student of medicine.—*Chicago Pharmacist*, March, 1874.

A marked improvement of this, over any previous edition, is found in the great care bestowed upon the accentuation of technical words. It may now be

consulted with as much confidence for the pronunciation of words as it was formerly for their derivation and definition. The work may be said to be as nearly perfect as human imperfection will permit. The son has honored himself in his labor of love—in his successful effort to perpetuate the well-earned fame of his distinguished father. It is perhaps useless to add that Dunglison's Dictionary is a necessity to every live medical man.—*Nashville Med. and Surg. Journ.*, Feb. 1874.

Dunglison's Medical Dictionary and modern medical progress have advanced *pari passu*. This new and enlarged edition, which "includes more than six thousand subjects not embraced in the last," is strikingly significant of its character from the beginning—more than forty years ago—excelling the while all other works of its kind. It is a book of singular culture from the first, under a master in science; and this new edition bears ample testimony of a goodly heritage, a monument of diligent research and profound learning; a treasury of knowledge to every practitioner, and an indispensable ally to every student of medicine.—*The Sanitarian*, March, 1874.

Language would fail us should we attempt to present a tithe of the value of this king among the books necessary to the completion of a physician's library. No other volume can take its place, being complete, and up to the times. With pleasure we notice how well Dr. Richard J. Dunglison has completed this great work of his honored father, the late Robley Dunglison.—*Cincinnati Lancet*, Feb. 1874.

As a standard work of reference, Dunglison's work has been well known for about forty years, and needs no words of praise on our part to recommend it to the members of the medical, and, likewise, of the pharmaceutical profession. The latter especially are in need of such a work, which gives ready and reliable information on thousands of subjects and terms which they are liable to encounter in pursuing their daily avocation. The work before us fully supplies this want.—*Am. Journ. of Pharmacy*, Feb. 1874.

The distinguished author was occupied in this work up to the time of his death. Since then, it has been taken up and ably completed by Richard J. Dunglison, M.D., who has carried out, as far as possible, his father's plans and wishes. The dictionary, in its present form, is a medical library in itself, and one of which every physician should be possessed.—*N. Y. Med. Journ.*, Feb. 1874.

A work which, in its matter, style, and general arrangement, is nearly all that can be desired.—*Dublin Medical Journal*.

Well deserves the authority and popularity to which it has attained.—*British Medical Journal*.

HENRY C. LEA—Philadelphia.